

CACFP EXPENSE WORKSHEET

Sponsoring Organization _____

Site _____

Month/Year _____

LABOR EXPENSES

A	B	C	D	E	F	G
POSITION	HOURS PER DAY FOR CACFP	SALARY PER HOUR	SALARY PER DAY	NUMBER OF DAYS WORKED	GROSS PAY (D X E)	BENEFITS

TOTAL: _____
SALARIES
BENEFITS

FACILITY EXPENSES

SQUARE FOOTAGE OF CACFP SERVICE AREA ÷ TOTAL SQUARE FOOTAGE OF FACILITY = PORTION ATTRIBUTED TO CACFP

_____ ÷ _____ = _____

A	B	C	D
SERVICE	BILLED AMOUNT	PORTION ATTRIBUTED TO CACFP	TOTAL (C x D)
COMMUNICATION AND UTILITIES			
RENT OR MORTGAGE			
CONTRACTED SERVICES			